

Health Care Flexible Spending Account (FSA) Request for Reimbursement Form



To request reimbursement for eligible Health Care FSA expenses, please complete, sign and return this form with the required documentation to TriNet. In order to expedite processing, fax this completed and signed form with your documentation (originals are not required) via case at TriNet (login.TriNet.com) and click Contact TriNet, or via fax, 877.723.0150. Please retain a copy with your records.

YOUR INFORMATION - PLEASE PRINT

Legal Name, as shown on your Social Security card (Required)			TriNet Employee ID Number or Social Security number:
Last:	First:	Middle:	
Complete Address, including PO Box, Apt. #, etc. (Required)			
Work Telephone Number: () -	Email Address:		Company Name:

HEALTH CARE FSA

Attach documentation for each claim. If you participate in a limited health care FSA, only dental and vision claims are eligible for reimbursement; medical claims are processed through your HSA plan.

Service Date	Name of Service Provider	Name of Family Member for Whom Reimbursement is Requested	Relationship (Self, Spouse or Dependent)	Service Description (Medical, Vision, Dental, Orthodontia, Rx)	Amount Requested for Reimbursement
Total:					

I have attached documentation (Explanation of Benefits for deductible and coinsurance requests or itemized invoices for expenses not covered by medical, dental or vision insurance) for each service date. I certify that I have read and understood the requirements of the claims process for the health care FSA plan. All services were incurred within the TriNet sponsored plan year or grace period, if applicable, for qualifying individuals and the expenses associated with these services have been paid by me. If I am using a limited health care FSA, I understand only out-of-pocket dental and vision expenses are eligible for reimbursement. I certify these expenses **have not and will not be** reimbursed by any other source and I will not use these expenses as deductions when filing my federal income tax return. I understand that I am fully responsible for the accuracy of all information relating to health care and I may be liable for payment of all related taxes and penalties if I am reimbursed for ineligible expenses.

Your Signature (Required)

Date

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You may incur eligible expenses on or after the date your FSA is effective through the last day of the benefits plan year unless your benefits are terminated. If you are actively participating in your health care FSA as of the last day of the benefits plan year, you will qualify for a two-and-a-half-month grace period extension to incur qualified expenses. If you lose eligibility before the benefits plan year ends, your FSA coverage will end on the last day you are eligible for TriNet sponsored benefits. You will not be reimbursed for health care FSA expenses incurred after that date unless you elect to continue your health care FSA through COBRA. Health care claims must be submitted to TriNet no later than the last day of the fourth month after the end of the plan year.

If you have any questions, log in to TriNet (login.TriNet.com) and click Contact TriNet.*

*If you are unable to log in, go to TriNet (login.TriNet.com) and select on the following options: Forgot Password, Forgot ID, Unlock Account, Login Help.

IMPORTANT REMINDERS AND HELPFUL CLAIM INFORMATION

The deadline for filing claims for reimbursement is four months after the end of the plan year in which the expense was incurred. Any claims submitted after the fourth month following the end of the plan year will not be considered. Any funds left in this account due to lack of claim submission, late submission, incomplete documentation or ineligible expenses will be forfeited as required by the Internal Revenue Services (IRS).

If your participation ends prior to the end of the plan year, you have four months from the end of your plan year to submit claims for reimbursement of expenses incurred during your active employment. Expenses incurred after the end of the month in which you were terminated are eligible for reimbursement only if you exercised your COBRA/FSA rights.

- Eligible expenses must be for you, your spouse or a child or person claimed as a dependent for tax purposes.
- Limited-use health care reimbursable expenses are limited to qualifying dental and vision expenses (HSA participants only).
- Service Date is the date when the participant is provided with the care that incurs the expense, and not when the participant is formally billed or charged or pays for the care.

Note: To confirm specific services, products and medications that are eligible for reimbursement under health care and dependent day care FSAs, go to [TriNet](https://login.TriNet.com) (login.TriNet.com) > Benefits > Flexible Spending Accounts > Resources > Forms and Documents. TriNet is not responsible for conflicting or inaccurate FSA eligibility posted on retail sites.

DOCUMENTATION OF CLAIMS

• PHARMACY/PRESCRIPTION CHARGES

For prescription charges, TriNet requires the pharmacy receipt, which indicates the pharmacy name/address/telephone number, date of service, prescription number and the co-payment amount. For some prescriptions, a letter of medical necessity including the specific medical condition for which the medication is being prescribed may be required.

• OVER THE COUNTER MEDICATION and Menstrual Care Products

As part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, over the counter (OTC) medications and menstrual care products were added to the list of health care FSA eligible expenses, effective January 1, 2020.

Some examples of OTC medications include pain relievers, cold, cough and allergy medications, antacids, laxatives and diarrhea medication. The law is specific to medication and menstrual care products. It does not apply to supplements, vitamins or other non-medication items. Those items require a prescription or letter from a licensed provider to be considered

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as an FSA-eligible expense.

Items considered to be menstrual care products are tampons, pads, menstrual cups and sponges. Feminine hygiene products used for personal care, such as wipes, washes and sprays are not considered eligible expenses.

- **MEDICAL SERVICES**

For an office visit, TriNet accepts a copy of your insurance carrier's Explanation of Benefits (EOB) statement from your medical carrier indicating the co-payment and deductible amounts. We can also accept an itemized bill or "super bill" indicating patient name, service provider name/tax ID/address/telephone number, the date of service and description of service. Cancelled checks, credit cards or cash register receipts are insufficient documentation. Statements that simply indicate "Balance Forward" and "Prior Balance" are also insufficient. We can reimburse for eligible expenses not paid by insurance (including secondary insurance), but request that you indicate that the expense is not covered by insurance on page one of this form.

- **DENTAL SERVICES**

When submitting dental claims to FSA for reimbursement, please include the EOB statement from your dental carrier. In most cases, invoices from your dentist's office solely will be insufficient for the purpose of claims documentation. TriNet cannot process FSA claims based on estimated insurance payments.

- **ORTHODONTIA EXPENSES**

The monthly payments to the orthodontist are reimbursable for each month of eligibility that falls within the current plan year. If your treatment began prior to the current plan year, you may submit monthly claims for the services performed within the current plan year only. If you pay in full, reimbursement may be made for orthodontia claims in full at the beginning of treatment, following banding, rather than over the entire orthodontia treatment period.

- **WEIGHT LOSS EXPENSES:**

A letter of medical necessity from your physician stating the weight loss program is medically necessary for the treatment of an existing disease or condition and an itemized statement from the weight loss provider is required. The fee to join the program, attend periodic meetings, the purchase of diet plans and booklets and weight loss drugs available only by prescription are reimbursable. Special foods, vitamins, or over the counter nutritional supplements, diet books, cookbooks, videos or audio cassettes, hypnosis, dietitian services, diet coaches, personal trainers, personal chefs and patches are not reimbursable. You cannot include the cost of a weight loss program for your general health even if your doctor prescribes the program.

For more information about documentation, qualifications, and claims, please refer to the TriNet Benefits Guidebook and Summary Plan Description located at TriNet (login.trinet.com) Benefits > Resources > Benefits Guidebook.